

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005388

STATE FILE NUMBER

AMENDED

Registration District No. 10

Primary Registration District No. 4021

Registrar's No. 58

FILED MAR 7 1962

1. PLACE OF DEATH

a. COUNTY

Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Laddonia

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Audrain

c. CITY
OR TOWN

Laddonia

Inside Limits

Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Home Laddonia

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Leslie

John

Freyer

4. DATE OF DEATH

Month

Day

Year

2-24-62

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

4-2-1889

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

Farmer

11. BIRTHPLACE (City and state or country)

Audrain Co, Mo

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Jacob Freyer

13b. MOTHER'S MAIDEN NAME

Br omeyer

14. NAME OF HUSBAND OR WIFE

Leoline Freyer Jr

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Leslie Freyer Jr. Laddonia Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Circulatory Failure

INTERVAL BETWEEN ONSET AND DEATH

1 hr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Decompensated Hypertensive Heart Disease

1 wk.

DUE TO (c)

Anterior Myocardial Infarction

10 yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov. 1958 to Feb. 24, 1962 and last saw him alive on Feb. 2, 1962

Death occurred at 5:00

B. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C.W. Lindzey

D.O.

22b. ADDRESS

Laddonia, Missouri

22c. DATE SIGNED

2-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-26-62

23c. NAME OF CEMETERY OR CREMATORY

Cemetery

Laddonia XXXXX

23d. LOCATION (City, town, or county)

Laddonia, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Wilkey-Bienhoff Laddonia, Mo.

25. DATE RECD. BY LOCAL REG.

Feb 26 1962

26. REGISTRAR'S SIGNATURE

Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

MAR 8 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clyde L. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.